

FOR PHONE
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Business Paperless Telefiling System

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Worksheet

New Jersey Gross Income Tax and Other Employer Payments (Forms NJ-500 Monthly Return and NJ-927 Quarterly Return)

Fill in the Worksheet for the appropriate period. Call the New Jersey Business Paperless Telefiling System 24 hours a day at **1-877-829-2866**. Choose "2" from the menu for Gross Income Tax and Other Employer Payments. Complete the filing, enter your Confirmation Number on the Worksheet, and keep a copy of the Worksheet for your business records.

IDENTIFICATION

New Jersey Taxpayer Identification Number - - / PIN/Taxpayer Name
Contact Phone Number - - Tax Preparer's Identification Number (if applicable)

NJ-500 — Return for First Month of Quarter RETURN INFORMATION

1. Period covered by return Month 01 – JANUARY 07 – JULY
04 – APRIL 10 – OCTOBER Year
2. Payment amount \$.

PAYMENT INFORMATION

To pay by electronic check (e-check) enter:

Bank Routing Number Account Number

Type of Account Payment Debit Date
☐ 1 – Checking / /
☐ 2 – Savings

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "Subject to the penalties of perjury, I hereby certify that this return, to the best of my knowledge and belief, is a true and correct statement."

DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.

Confirmation Number Date
 / / Signed by: _____

NJ-500 — Return for Second Month of Quarter RETURN INFORMATION

1. Period covered by return Month 02 – FEBRUARY 08 – AUGUST
05 – MAY 11 – NOVEMBER Year
2. Payment amount \$.

PAYMENT INFORMATION

To pay by electronic check (e-check) enter:

Bank Routing Number Account Number

Type of Account Payment Debit Date
☐ 1 – Checking / /
☐ 2 – Savings

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "Subject to the penalties of perjury, I hereby certify that this return, to the best of my knowledge and belief, is a true and correct statement."

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Confirmation Number Date
 / / Signed by: _____

IDENTIFICATIONNew Jersey Taxpayer
Identification Number - - / PIN/Taxpayer Name Contact
Phone Number - - Tax Preparer's Identification
Number (if applicable) **FORM NJ-927 — Quarterly Return**
RETURN INFORMATION

Provided by Filer

Provided by Phone System

1. Period covered by return Quarter Year
(Quarter: 1 – JAN, FEB, MAR; 2 – APR, MAY, JUN; 3 – JULY, AUG, SEPT; 4 – OCT, NOV, DEC)
2. Total of all wages paid subject to UI, DI, WF & HC \$.
3. Taxable wage base (per employee) \$. **00**
4. Total wages in excess of taxable wage base \$.
5. Taxable wages subject to UI, WF & HC \$.
6. Taxable wages subject to DI (Combination Plan) ... \$.
7. Taxable wages subject to DI \$.
8. UI, WF & HC rate (see instructions) **0.**
9. Total UI, WF & HC contributions due \$.
10. DI rate (see instructions) **0.**
11. Total DI contributions due \$.
12. Gross income tax withheld:
- Month 1 \$.
- Month 2 \$.
- Month 3 \$.
13. Total gross income tax withheld for the quarter \$.
14. Total liability \$.
15. Total payments and credits \$.
16. Overpayment amount Credit ☐ Refund ☐ \$.
17. Balance due \$.
18. Number of workers employed during payroll period which includes the 12th day of the month (see instructions)
- Month 1 Month 2 Month 3
19. Number of workers insured under Private Plan for Disability Insurance during the payroll period which includes the 12th day of the third month of the quarter

PAYMENT INFORMATION

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Bank Routing Number

Account Number

 Type of Account ☐ 1 – Checking
2 – SavingsPayment Debit Date / / **SIGNATURE AND CONFIRMATION**

You will be required to agree with the following declaration and provide a voice signature: "Subject to the penalties of perjury, I hereby certify that this return, to the best of my knowledge and belief, is a true and correct statement."

DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.Return Confirmation
Number **W** Payment Confirmation Number
(if payment is made separately) **W** Date / / Date / /

Signed by: _____

Signed by: _____

Do not mail this worksheet – Keep it for your records

WORKSHEET MAY BE REPRODUCED

(Also available at: www.state.nj.us/treasury/taxation/)